

Bradford Exempted Village Schools

Child Nutrition

Ala Carte Form

Please complete this form only if you wish to make changes to your A la carte options. Changes will remain in effect for the upcoming years unless you notify us otherwise.

Step 1 Please remove all existing restrictions from my son's/daughter's account. Continue to Step 2. Please place the following restrictions on my son's/daughter's account.

A la carte purchase not to exceed \$_____per (check only one) Day Week Month

This must be a dollar amount. Number of items is not acceptable and will be disregarded and no restrictions will be place on the account

Lunch only.. No breakfast

OR

I do not want my son/ daughter to purchase any a la carte items. This also prevents milk purchases.

Step 2 List all students in your household whom you would like this form to apply.

Student's First & Last Name ID# (if known) Grade

- 1.
2.
3.
4.

Step 3 Signature of Parent or Guardian Date

Step 4 Return this form to Child Nutrition in one of 4 ways:

Table with 4 columns: Mail to: Child Nutrition 750 Railroad Ave. Bradford, Ohio 45308; Attach this form to an email and send it to: cheryl_clark@darke.k12.oh.us; Fax it to: 937-448-2742; Send it with your Student to school

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For Office Use Only
Processed By: Date:

This is not an allergy form.

Any allergy information written on this form will not be entered into the Child Nutrition system.